

Ship 2nd

Work Order ID 92155

October-24-12 10:18:03 AM

92155

Page 1

Item ID: D206-781-053

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Floor Protector (Pilot, Co-Pilot and Passenger)

Stop *NS2*

Start Date: 10/24/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: MLS

Date: 12-10-24

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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DSI 9480

A

100

100

DC

Document Control

Memo

Photocopy bluefile & type labels per PPP D206-781-053/ DSI 9480
CHG001

110

110

Packaging

Packaging

Pick Kit

0.00

SP 0.00 DAS 15 12/11/01 Label

MLS 12-11-01

120

120

QC

Quality Control

QC4- 100% Inspect kits for completeness

0.00

DAS
15
9-89

12/11/01

12/11/15 SP

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled						

Work Order ID 92155

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92155

Page 2

Item ID: D206-781-053

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Floor Protector (Pilot, Co-Pilot and Passenger)

Stop

NS2

Start Date: 10/24/12 **Start Qty:** 1.00 ***1***

Cust Item ID:

Required Date: 11/09/12 **Req'd Qty:** 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

**Sequence ID/
Work Center ID**

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

Packaging

Packaging

Memo

0.00

Identify and pack for shipping as per PPP D206-781-053/ DS1 9480

Location: SHR

PPP rev:

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Quality Control

Memo

0.00

12/11/2012

MF
12-10-01

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/>						
				<input type="checkbox"/> Other						

Picklist Print

October-24-12 10:18:02 AM

Page 1

Work Order ID: 92155

Parent Item: D206-781-053

Start Date: 10/24/12

Required Date: 11/09/12

Parent Item Name: Floor Protector (Pilot, Co-Pilot and Passenger)

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP RevA: New issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D206-781-011 Floor Protector (Pilot and Co-Pilot)		Manufactured	No			110	Each	3.0000	1	1		SJ	

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>	
FG011	3		
88376	1		
89241	2		

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>	
FG	1		121111
88243	1		
FG040	1		
85031	1		

NCR: Yes / No

DQA: Date:

WORK ORDER NON-COMPLIANCE / UPDATE

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset		Other							
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D407-781 REV. C

REF CANADIAN STC: SH08-60
FAA STC: SR02726NY
EASA STC: EASA.IM.R.S.01541

THE PURPOSE OF THIS DART SERVICE INSTRUCTION (DSI), IS TO FACILITATE ORDERING OF A COMPLETE SET OF FLOOR PROTECTORS (PILOT, COPILOT AND PASSENGER CABIN) AS 1 COMBINED KIT INSTEAD OF 2 SEPERATE KITS. THIS IS ACCOMPLISHED BY ADDING THE D206-781-051 KIT TO SECTION 5.1 OF IIN-D407-781 FOR 206 A/B MODELS, THE D206-781-053 KIT TO SECTIONS 5.2 AND 5.3 OF IIN-D407-781 FOR 206 L/L1/L3/L4 MODELS AND THE D407-781-055 KIT TO SECTION 5.4 OF IIN-D407-781 FOR 407 MODELS AS SHOWN BELOW:

5.1 BELL 206 A/B

ADD:

FLOOR PROTECTOR KIT- PILOT, CO-PILOT PASSENGER CABIN

QTY	PART NUMBER	DESCRIPTION
-051		
X	D206-781-051	FLOOR PROTECTOR KIT- PILOT, CO-PILOT & PASSENGER CABIN
1	D206-781-011	FLOOR PROTECTOR KIT (PILOT AND CO-PILOT)
1	D206-781-021	FLOOR PROTECTOR KIT (PASSENGER CABIN)

5.2 BELL 206 L/L1

5.3 BELL 206 L3/L4

ADD:

FLOOR PROTECTOR KIT- PILOT, CO-PILOT PASSENGER CABIN

QTY	PART NUMBER	DESCRIPTION
-053		
X	D206-781-053	FLOOR PROTECTOR KIT- PILOT, CO-PILOT & PASSENGER CABIN
1	D206-781-011	FLOOR PROTECTOR KIT (PILOT AND CO-PILOT)
1	D206-781-023	FLOOR PROTECTOR KIT (PASSENGER CABIN)

5.4 BELL 407

ADD:

FLOOR PROTECTOR KIT- PILOT, CO-PILOT PASSENGER CABIN

QTY	PART NUMBER	DESCRIPTION
-055		
X	D407-781-055	FLOOR PROTECTOR KIT- PILOT, CO-PILOT & PASSENGER CABIN
1	D206-781-011	FLOOR PROTECTOR KIT (PILOT AND CO-PILOT)
1	D407-781-025	FLOOR PROTECTOR KIT (PASSENGER CABIN)

CANADA	
DEPARTMENT OF TRANSPORT	
AIRCRAFT CERTIFICATION	
BRANCH	
DAO # 01-O-01	
APPROVED	
BY:	<i>[Signature]</i>
D. SHEPHERD (DE # 02)	
DATE:	09.09.15
CERT. NO.:	SH08-60
ISSUE NO.:	1

A	NEW ISSUE		AJS	09.09.15
REV.	DESCRIPTION		BY	DATE
DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
DRAWN	AJS			
CHECKED	<i>[Signature]</i>	DRAWING NO.		REV. A
MFG. APPR.	N/A	DSI 9480		SHEET 1 OF 1
APPROVED	<i>[Signature]</i>	TITLE	SCALE	
DE APPR.	<i>[Signature]</i>	ADDITIONAL KITS	NTS	
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